

Feedback Form

Name: _____

Address: _____

City: _____ State: _____ Pin Code: _____

Mb. : _____ Email: _____

1. Overall, how useful did you find this workshop? (Please tick one)

- Very Useful Somewhat Useful Useful
 Not Very Useful Not at all Useful

2. What was the best part of the workshop for you?

3. Which part of the workshop would you say needs the most improvement?

4. Any additional topics that you would like to see covered?

5. Was this workshop at an appropriate level? (Please tick one)

- Too easy Just right Too difficult

6. Would you be interested in attending additional workshops like this one?

(Please tick one)

- Yes No

7. What, if anything, do you plan to do differently in handling your finances a result of this workshop?



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8. Your feedback on the Trainer? (Please tick one)

Excellent Good Average Poor

Rate Your Financial Behavior on a Scale of 1 to 5 _____

1=Never 2=Rarely 3=Sometimes 4=Usually 5=Always

1. I keep track of my expenses on a regular basis.

1 2 3 4 5

2. I put money aside for future purchases or emergencies.

1 2 3 4 5

3. I prepare a budget every month.

1 2 3 4 5

4. I make goals about how to spend money and I discuss them with my family.

1 2 3 4 5

5. I compare shop or buy things on sale.

1 2 3 4 5

6. I earn more money than I spend (I am not in debt).

1 2 3 4 5

7. I feel secure in my current financial situation.

1 2 3 4 5

8. I feel confident about my financial future.

1 2 3 4 5

9. I currently have or own in my name: (circle all that apply)

- Savings Share Account Checking
- Share Draft Account
- Automobile loan, Credit Card, Certificate of Deposit
- Mutual Fund
- Student Loan
- Home or Home Mortgage
- Personal or Consumer loan
- Stocks
- Pension Plan/Fund



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